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UOP PATENT DPT.

002

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23490 7590 05/12/2005

JOHN G TOLOMEI, PATENT DEPARTMENT
UOP LLC
25 EAST ALGONQUIN ROAD
P O BOX 5017
DES PLAINES, IL 60017-5017

08/12/2005 HDEHES2 00000060 10789663

01 FC:1501 1400.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Rose A. Lubich	(Depositor's name)
<i>Rose A. Lubich</i>	(Signature)
August 12, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,663	02/27/2004	Arne Karlsson	107115	7570

TITLE OF INVENTION: METHOD AND APPARATUS FOR EXPEDITING ANALYSIS OF SAMPLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CYGAN, MICHAEL T	2855	073-023410

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 JOHN G. TOLOMEI
2 MARYANN MAAS
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UOP LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DES PLAINES, ILLINOIS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Frank S. Molinaro

Date August 12, 2005

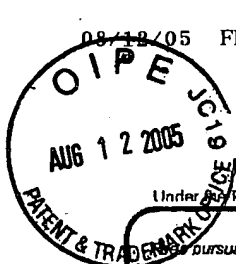
Typed or printed name

Frank S. Molinaro

Registration No. 32,710

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1400

Complete If Known

Application Number	10/789,663
Filing Date	February 27, 2004
First Named Inventor	Ame Karlsson
Examiner Name	Michael T. Cygan
Art Unit	2855
Attorney Docket No.	107115

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1501 Utility Issue Fee (\$1400)

1400

SUBMITTED BY

Signature	<i>Frank S. Molinaro</i>	Registration No. (Attorney/Agent)	32,710	Telephone	847 391-2031
Name (Print/Type)	Frank S. Molinaro	Date	8/12/05		

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Facsimile transmittal

To:	CUSTOMER SERVICE CENTER	Fax:	703-746-4000
Dept:	OFFICE OF PATENT PUBLICATIONS	Phone:	703-305-8283
From:	ROSE LUBICH, Patent Dept.	Date:	8/12/05
Phone:	847-391-2040	Fax:	847-391-2387
Serial Number:	10/789,663	Examiner:	Michael T. Cygan
Allowance Date:	5/12/05	Art Unit:	2855
Issue Fee Date:	8/12/05	Confirm. No.:	7570
Attachments:	1. PART B - ISSUE FEE TRANSMITTAL; 2. FEE TRANSMITTAL FOR FY 2005; 3. CREDIT CARD FORM PTO-2038.	Pages:	4 including this page.

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